

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000072 (5)**

1. Corporation Name
NOVARTIS CROP PROTECTION, INC.

Principal Place of Business C/O CURTIS. MALLET-PREVOST. COLT & MOSLE 101 PARK AVE. NEW YORK NY 10178-0061	Mailing Address C/O CURTIS. MALLET-PREVOST. COLT & MOSLE 101 PARK AVE. NEW YORK NY 10178-0061
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 410 SWING RD. Suite, Apt. #, etc. 22 23 Greensboro NC City & State 24 27419 Zip 25 USA Country	2a. Mailing Address 26 P.O. Box 18300 Suite, Apt. #, etc. 27 28 Greensboro NC City & State 29 27414-8300 Zip 30 USA Country
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3. Date Incorporated or Qualified 01/06/1997	4. FEI Number SC-2001572 -APPLIED FOR-	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BONTEMPO, EMILIO J	
STREET ADDRESS	520 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591-9005	
TITLE	T	☐ DELETE
NAME	MAGGIO, MICHAEL G	
STREET ADDRESS	520 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591-9005	
TITLE	S	☐ DELETE
NAME	ALVENTOSA, VINCENT	
STREET ADDRESS	520 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591-9005	
TITLE	VD	☐ DELETE
NAME	WATSON, DOUGLAS G	
STREET ADDRESS	520 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591-9005	
TITLE	VD	☒ DELETE
NAME	DULEX, CLAUDE	
STREET ADDRESS	608 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	VD	☒ DELETE
NAME	THOMPSON, ROBERT L	
STREET ADDRESS	608 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY 10020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	410 SWING RD.	
1.4 CITY-ST-ZIP	GREENSBORO, NC 27419	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	410 SWING RD.	
2.4 CITY-ST-ZIP	GREENSBORO, NC 27419	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	410 SWING RD.	
3.4 CITY-ST-ZIP	GREENSBORO, NC 27419	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	564 MORRIS AVE	
4.4 CITY-ST-ZIP	SUMMIT, NJ 07901	
5.1 TITLE	S (ASSISTANT)	☐ Change ☒ Addition
5.2 NAME	MILLIE L. CLAYTON	
5.3 STREET ADDRESS	410 SWING RD.	
5.4 CITY-ST-ZIP	GREENSBORO, NC 27419	
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME	JOHN BARNETT	
6.3 STREET ADDRESS	410 SWING RD.	
6.4 CITY-ST-ZIP	GREENSBORO, NC 27419	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Millie L. Clayton* **Millie L. CLAYTON** 3/30/98 (336) 632-2707

CR2E034 (10/97)